

2135

PTO/SB/21 (08-03)

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FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/037,560	
	Filing Date	01/04/2002	
	First Named Inventor	Eyal Dotan	
	Art Unit	2135	
	Examiner Name	James Seal	
Total Number of Pages in This Submission	2	Attorney Docket Number	N0137/PP/ED

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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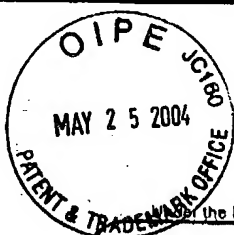
Firm or Individual name	Pavel Pogodin, Esq.
Signature	
Date	05/17/2004

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Signature		Date	05/17/2004

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/037,560
Filing Date	01/04/2002
First Named Inventor	Eyal Dotan
Art Unit	2135
Examiner Name	James Seal
Attorney Docket Number	N0137/PP/ED

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

000041744

☒ Please change the correspondence address for the above-identified application to:

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Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Eyal DOTAN

Signature *Eyal Dotan*

Date 05/12/2004

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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